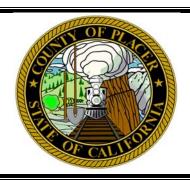
Placer County Department of Health & Human Services

A Division of Environmental Health **Auburn Office** 3091 County Center Dr. #180, Auburn CA 95603 (530) 745-2300

Tahoe Office 565 W. Lake Blvd, Tahoe City CA 96145



OFFICE USE ONLY
Amount Paid \$
Date Paid:
Receipt #
Check #
CC Auth #

SWIMMING POOL/SPA APPLICATION

	☐ New Application
	Update/Change Application
Name of Pool/S	_ 1 0 11
Address of Poo	
	Locating Pool/Spa:
Months of Oper	ration: Hours of Operation:
☐ Ye	ar Round Pool Seasonal Pool Year Round Spa Seasonal Spa
	OWNER INFORMATION
Owner's Name:	
	s:
Phone:	
Email:	
	MAILING ADDRESS FOR CORRRESPONDENCE
	Invoices, Inspection Reports, Updates, etc.
Name:	invoices, inspection reports, opunes, etc.
Address:	
Phone:	
Email:	
	MANAGER INFORMATION
Name:	
Address:	
Phone:	
Email:	
	EMERGENCY CONTACT
	Not Owner or Manager
Name:	Not Owner of Hunager
Address:	
Phone:	
Email:	
Signature:	Date: